

CAMPAIGN EXPENSES

Report Period #

Name (print) KEEP OUR DOCTORS IN NEVADA

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses <u>2239.38</u>	A
Expenses related to volunteers <u>250.00</u>	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants <u>petition</u>	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN CONTRIBUTIONS

Report Period #

KEEP OUR DOCTORS IN NEVADA

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Ophthalmic P.A.C. 2598 Windmill Pkwy. Henderson NV, 89074	9/20/02	10,000.00	✓
Sunrise Hospital and Medical Center 386 Maryland Pkwy. LV, NV, 89109 (SH)	9/24/02	50,000.00	
OB/Gyne P.A.C.	9/24/02	18,000.00	
.SH	10/9/02	25,000.00	
Nevada Physician Medical Liability Task Force	10/11/02	50,000.00	
Anesthesia P.A.C.	10/14/02	16,000.00	
Nevada State Medical Association	10/16/02	25,000.00	
Med P.A.C.	10/22/02	2,500.00	
Nancy Long M.D.	10/22/02	500.00	
Michael Clifford M.D.	10/22/02	250.00	

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Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Nevada Republican Senate Majority Caucus	12/19/02	1,000.00	
S.H.	10/29/02	10,000.00	
S.H.	12/13/02	15,000.00	
Arnie Wax M.D.	12/13/02	1,000.00	

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Report Period

KEEP OUR DOCTORS IN NEVADA
Name (print) _____ Office (if applicable) _____

District (if applicable)

Contributions of \$100 or Less

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CAMPAIGN EXPENSES

Report Period #

KEEP OUR DOCTORS IN NEVADA

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
National Voter Outreach (NUO)	F	9/20/02	10,000.00
NUO	F	9/25/02	26,250.00
NUO	F	10/01/02	16,495.75
NUO	F	10/04/02	20,000.00
NUO	F	10/09/02	20,307.25
NUO	F	10/11/02	26,055.25
NUO	F	10/15/02	43,418.75
Mike The Printer	A	10/23/02	630.63
" " "	A	10/04/02	1,608.75

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Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Chris St. Helene	G	10/30/02	23,500.00
NVO	F	10/31/02	7,722.50
NVO	F	11/05/02	5,000.00
Michael Boddlove	F	11/05/02	250.00
Nevada Republican Senate Majority Caucus	J	12/19/02	1,000.00

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